



**Professional or Personal References**

**(Please list three references that you have known for three years or longer)**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE #</b>

**Authorization for Basic Criminal Background Check**

I, \_\_\_\_\_, hereby authorize the Lisbon Police Department to conduct a basic criminal background check on me for the purposes of this volunteer position. I also authorize the Lisbon Police Department to contact my personal or professional references listed within this application.

Signature \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_  
(Needed for background check)

**Thank You!**

**Thank you for applying to become a volunteer for the Citizen Outreach for Elders Program! We appreciate your time and commitment to this valuable community endeavor. Your volunteer time and commitment are very important to the success of this program. We will contact you very soon regarding this application.**

**Please return completed application to:**

Lisbon Police Department  
300 Lisbon St.  
Lisbon, Maine 04250  
Attention: Chief Marc Hagan  
207-353-2500